

# **PART B - FEE(S) TRANSMITTAL**

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85938 7590 09/03/2009  
**Fox Rothschild LLP**  
**Phlla, Biotech Group**  
**2000 Market Street**  
**Philadelphia, PA 19103**

## **Certificate of Mailing or Transmission**

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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/520.505 02/06/2006 Francis P. Kuhajda 029869.00002-US01 5835

**TITLE OF INVENTION:** NOVEL COMPOUNDS, PHARMACEUTICAL COMPOSITIONS CONTAINING SAME, AND METHODS OF USE FOR SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$755 \$300 \$0 \$1055 12/03/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SHAMEEM, GOLAM M 1626 514-445000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Fox Rothschild LLP**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**FASgen, Inc.**  
**Johns Hopkins University**

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**Baltimore, Maryland**  
**Baltimore, Maryland**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the recorded fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1943 (enclose an extra copy of this form).

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Edward L. Brant/

Date 30 November 2009

Typed or printed name Edward L. Brant

Registration No. 62,362

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